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ABSTRACT

Noting national survey data from the past three decades showing consistently that more than 60 percent of American high school seniors agree that religion is important to them, and in light of increased interest in faith-based initiatives, this research brief summarizes findings from recent studies that examine linkages between adolescents' beliefs and their practice of religion, or religiosity. Religiosity includes attending religious services, being involved in activities sponsored by faith-based organizations, praying, and ascribing values to one' religious beliefs. The brief also examines parents' religious practices and beliefs in relation to their adolescents' well-being. Although religiosity is an under-researched area and existing studies have limitations, the overall findings suggest moderate to weak associations between religiosity and adolescent outcomes. High religiosity levels are linked with low levels of delinquency. There is strong, consistent evidence linking religious involvement and low teen drug and alcohol use. Numerous studies indicate that religious involvement may help to steer teens away from early sexual activity. Findings about contraception and disease-prevention in relation to teens' religious beliefs and behavior have been less consistent. The constraining effects of religiosity on male adolescent sexual behavior are similar to those for females. There is a consistent report of a positive association between religiosity and prosocial and altruistic attitudes and behaviors. Little research exists on the relationship between adolescent religious involvement and personality and mental health. There are weak to moderate associations

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between parents' religiosity and positive child outcomes, particularly for older children and adolescents. Implications for policy and practice are discussed. (Contains 34 endnotes.) (KB)

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Lisa J. Bridges and Kristin Anderson Moore

Child Trends, Inc.

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Child TRENDS RESEARCH BRIEF

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Religious Involvement and Children's Well-Being: What Research Tells Us (And What It Doesn't)

By Lisa J. Bridges, Ph.D., and Kristin Anderson Moore, Ph.D. September 2002

Overview *Opinion polls reinforce the commonly held view that religion is an important force in the lives of adult Americans and that the majority profess a belief in God.[1] But what about children and adolescents? How important are religious faith, beliefs, and activities in their lives? The evidence to date suggests that religion is also important for many adolescents as well as for many younger children. Although researchers have found a general trend for children to become less religious in adolescence,[2] national survey data collected over the past three decades consistently show that more than 60 percent of all American high school seniors agree that religion is "pretty" or "very" important to them.[3] And nearly half report that they attend religious services at least monthly.[4]*

Against this backdrop, and in light of the interest generated by faith-based initiatives, this Research Brief *summarizes findings from recent studies that examine linkages between adolescents' beliefs and practice of religion (sometimes referred to as "religiosity") and their well-being. Elements of religiosity include attending religious services, being involved in activities sponsored by faith-based organizations, praying, and ascribing value to one's religious beliefs. This brief also touches on parents' religious practices and beliefs in relation to their adolescents' well-being.*

Religiosity is an under-researched area of inquiry, and existing research on religion and child well-being has limitations. For example, the effect of religious attendance is often not distinguished from the effects of other family characteristics that may be associated with family religiosity, such as family structure or income, and most research to date focuses primarily on Christian and Jewish adherents. Nevertheless, the studies that have accumulated suggest that religious faith and involvement generally are positive influences on young people's development. The evidence is stronger in some areas than others, however, and the pathways that account for the connection between religiosity and child well-being have not been fully explored.

What Teens Report

Most studies on religion and well-being in childhood and adolescence have been cross-sectional studies conducted among adolescents. That is, they are based on adolescents' responses to survey questions at one point in time. As such, these studies provide a snapshot of respondents' religious practices and beliefs and the connection between these practices and beliefs and positive and negative development.

The topics examined include general delinquency; drug and alcohol use and abuse; adolescent sexual activity; socially beneficial (or "prosocial") behavior and moral values; and personality and mental health. Overall, the empirical literature finds moderate to weak associations between religious practices and beliefs and these outcomes in adolescence. In some cases, though, caveats are in order.

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Delinquency

Most researchers have reported that high levels of religiosity are linked with low levels of delinquency (e.g., theft, vandalism, violence against others), although the linkages between the two are typically low to moderate in strength.[5] Further, these linkages are frequently found to be relatively weak when compared with such factors as peer behavior and the quality of the parent-child relationship. When researchers analyzing the data control for such factors, the connection between religious involvement and delinquent or nondelinquent behavior is sometimes not statistically significant.[6] In other cases, the association remains. In addition, the pathways remain unclear. Is it religious involvement that steers a particular teen away from delinquent behavior, for example, or is it that he or she has friends who are a positive influence and parents who are supportive, encouraging, and firm?

Substance Use

The evidence linking religious involvement and teen drug and alcohol use is strong and consistent.[7] This is perhaps as might be expected. After all, many religions specifically teach that a healthy body and a healthy spiritual life go hand in hand and actively proscribe unhealthy behavior – including drug and alcohol abuse.[8]

One study of a high-risk sample of white high school-age males, for example, found that the rate of multi-drug use (alcohol, marijuana, barbiturates or methedrine, psychedelics, and cocaine) was more than three times higher among those who never attended church services, compared with those who did attend church services at least once a week. This was based on the teens' own reports.[9] In a more recent study, researchers found that religion played a bigger role in whether or not teens used drugs for those who lived in more distressed neighborhoods than for those living in lower-risk environments.[10] Teens in these neighborhoods who went to church and attended religious services were less likely to use drugs than were teens who were less involved with religion. Evidence about other measures of religiosity (for example, the personal importance of religion in a young person's life and his or her religious denomination) is less consistent, but religious youth are almost never found to be more at risk than nonreligious youth.

Sexual Behavior

Numerous studies indicate that being involved in religion may help to steer teens away from early sexual activity.[11] More specifically, researchers have found that teens who exhibit high levels of religiosity (including church attendance, valuing religion, and holding strong religious beliefs) have lower levels of sexual experience and more conservative attitudes about sexual activity than other teens.[12]

Findings about contraception and disease-prevention in relation to teens' religious beliefs and behavior have been less consistent.[13] One troubling piece of evidence is that when female teens who consider themselves highly religious *do* have sex for the first time, some studies indicate that they are less likely to use contraception, putting them at risk of pregnancy and sexually transmitted diseases.[14] Findings involving later contraception (i.e., use at most recent intercourse, frequency and consistency of contraceptive use) are less consistent.[15]

Available evidence suggests that the constraining effects of religiosity on male adolescent sexual behavior are similar to those for females.[16] In one of the few studies in this area, for example, high levels of religious attendance were associated with a delay in the onset of sexual activity and more conservative sexual attitudes and behavior in a sample of 13- to 16-year-old males.[17] In contrast to research with female adolescents, however, some studies of contraceptive use with male adolescents have indicated that high levels of religiosity may be associated with more consistent contraceptive use.[18] One should keep in mind, however, that most of the research literature on adolescent sexual behavior focuses on females.

Prosocial and Moral Values and Behavior

Research findings from early adolescence are consistent in supporting a positive association between religiosity and socially beneficial (or "prosocial") and altruistic attitudes and behavior.[19] Religions and religious organizations generally promote the ideas of helping others and concern for the greater good by providing opportunities for community service.[20] Moreover, acceptance of the moral tenets of a religious faith may be instrumental in the development of a healthy sense of responsibility and even guilt that may lead adolescents to avoid wrongdoing or to make amends when they have done wrong.[21] Other findings seem less clear-cut. For example, one study found a somewhat stronger association between religious involvement and altruistic *behavior* than between religious involvement and altruistic *values*.[22] This may be due, in part, to the frequent inclusion of service activities within religious education and youth fellowship programs. For some adolescents, altruistic behaviors (such as participating in charity events, and donating time and effort to helping others) may reflect participation in a group (such as a church youth group) in addition to, or rather than, a personal commitment to helping others. In other words, religious activities may represent a *pathway* to prosocial behavior.

Personality and Mental Health

Research is thin on the relationship between adolescents' involvement in religion and personality and mental health. Theoretically, religiosity is expected to be linked to better mental health and emotional well-being. Religious beliefs can serve as a resource for coping with life's difficulties ("The Lord never gives you more than you can bear"); moreover, belief in God's love and feelings of acceptance within a religious community may enhance one's sense of self-worth. Relatively few studies have been conducted in this area, however. And those studies that do exist find that the association between religious involvement and belief and adolescents' self-esteem (the most frequently examined topic) is generally small and frequently not statistically significant.[23] However, while the evidence that being religious has a positive effect on adolescents' mental health and personality tends to be fairly weak, there is no indication in research studies of negative effects of religiosity on any aspect of well-being.

What Parents Report

A great deal of research has been conducted that links adults' religious involvement and beliefs with parenting and marital relations.[24] Yet there is only a rather limited body of research that assesses both parents' religiosity and outcomes for their child.

What we do know from research provides some empirical support for weak to moderate associations between parents' involvement in religion and positive child outcomes, particularly for older children and adolescents. For example, a connection has been found between parental religiosity and lower levels of child behavior problems[25] and with higher levels of adolescent social responsibility.[26] Researchers have not separated out whether such positive outcomes reflect the direct effect of parents' own religious beliefs and involvement on their children or whether these beliefs and involvement shape the way parents "parent," or both. Generally, though, the research does not support a hypothesis that parental religiosity has a *negative* effect on children's development.

A new analysis of data from one long-term survey provides some fresh insights into whether and how parents' involvement in religion affects their adolescent children. Child Trends recently analyzed survey data from the 1997 National Longitudinal Survey of Youth, a nationally representative sample of about 5,000 adolescents who were ages 12-14 that year.[27] As part of the survey, information was also collected from parents. For example, parents responding to the survey were asked how often they attended a worship service in the past year. They also were asked whether they prayed more than once a day; whether they often ask God for help with

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decisions; whether they think God has nothing to do with what happens to them personally; and whether they don't believe they need religion to have good values.

Parent reports of religious belief were significantly related to the adolescent's reports of delinquent activity, substance use, and sexual intercourse. Moreover, these associations (particularly for sexual activity and substance use) remained for adolescents, over and above social and demographic factors and adolescent reports of peer behaviors, parent-child relationships, and parental monitoring. These other influences were also important; however, parent religiosity and family religious practice were found to be associated with less risk-taking even when these other influences were controlled.

Research Considerations

Religious practice and belief are primarily personal issues, although they often have social, political, and economic implications. However, religiosity is also a research issue. Research on the relationship between religious belief and involvement and child well-being faces challenges on both methodological and conceptual fronts, that is, on *how* information is gathered in this area and *what* is studied.

Methodological Concerns

Current measures of religiosity in childhood and adolescence are inadequate. As noted earlier, most studies of religiosity in adolescence (and the very few studies of religiosity in childhood) use "snapshot" measures of religious practice and beliefs, which do not allow for tracking behavior or making comparisons over time. (See the brief discussion in the next section.) Further, no measures of religiosity unique to younger children were found in our review, which explains our emphasis in this brief on adolescents. In the rare studies that do include preadolescent children, measures tend to be adaptations of the same measures used with older adolescents and adults.

The almost exclusive reliance on responses to questionnaires represents another limitation of existing research studies on religiosity and well-being. Moreover, the questions used to tap religiosity vary widely across different surveys,[28] suggesting that the research literature would benefit from greater standardization of terminology and measures (although, given the inadequacy of current measures, it is too soon to determine which existing measures, if any, may be most useful). Also, frequently the questionnaires used include only one or a few questions (for example, how often respondents attend religious services or how central they consider religion to their life). Information derived in this way may not be able to capture the varying levels of religious belief and practice or the complexity of the religious experience in respondents' lives.

The lack of longitudinal studies limits understanding of the importance of religiosity in childhood and adolescence in a number of ways. In order to fully address the individual, family, and community influences that predict religiosity – or to examine the extent to which religiosity in childhood and adolescence promotes future well-being – studies are needed that follow individuals across time. The dearth of such long-term studies means, for example, that we currently cannot say that participating in religious activities when an adolescent is 13, for instance, is related to how well – or how poorly – that adolescent will do at age 21 on varied measures of well-being.

Few studies have used multivariate analyses that take account of confounding factors that may be associated with both religiosity and outcomes. (Multivariate analysis is a method for examining three or more variables at the same time.) Lack of consideration of such factors may lead researchers to overestimate the effects of religious involvement on well-being. For example, being involved in religion may be affected by family and neighborhood factors, such as family structure, risks in the neighborhood, and poverty. These can influence proximity to houses of worship and the capacity to attend services frequently and become actively involved.

Few studies have considered possible differences in the impact of religious involvement on subgroups of adolescents. The strength of the effects of religious involvement on adolescent well-being may be influenced by gender, ethnicity, socioeconomic status, or neighborhood characteristics. However, few studies to date have systematically evaluated the effects of the characteristics of adolescents and their environments. Failure to do so may lead to over- or underestimation of the importance of religion for different groups of adolescents. For example, in a study described earlier, it was found that religion had a stronger positive influence among adolescents living in distressed neighborhoods than among adolescents living in more stable neighborhoods.[29] Despite these limitations, however, researchers have found meaningful differences in behavioral well-being between individuals responding differently to measures of religious involvement.

Conceptual Concerns

In addition to the methodological concerns noted above, research on religiosity and child well-being faces more fundamental challenges.

Research on non-Christian minority religions in the United States is almost entirely absent from investigations of the effects of religiosity on well-being, as is cross-cultural research including non-Western religions.[30] The small numbers of adherents to these religions in the United States, relative to the Christian majority, and the relatively recent growth of these religions, may partially explain this lack. Another reason is that most measures of religious salience used in surveys have been specifically designed to examine religiosity among Christians, and the questions do not apply to non-Christian spiritual beliefs. Greater attention needs to be paid to the inclusion of minority religions in such surveys in the future, particularly in light of the dramatic social and demographic changes in the United States over the past decade. Work on such measures is needed for any long-term studies on religion and child well-being that are planned.

A somewhat related concern is the lack of research on spirituality, as distinguished from religion. The studies cited in this brief, and the longer report on which it is based,[31] focus on individuals' participation in religious organizations and activities and the personal importance they place on religion. Few if any studies distinguished between adolescents for whom spiritual matters are unimportant and those who may have strong spiritual beliefs but do not adhere to any particular religion or attend religious services. Thus we know little about the effects of differences in the processes of religious and spiritual thought, apart from snapshots of religious activity and beliefs. In order to gain a better grasp on the value of spirituality for positive well-being, it will be necessary to broaden our research focus beyond the parameters of traditional organized religion. Again, longitudinal – as well as cross-sectional – studies would be valuable in this context.

Conclusion

Overall, research on religiosity and well-being in childhood and adolescence indicates small to moderate but generally consistent associations between religious upbringing and risk-taking and with positive social and emotional functioning. Two qualifications accompany this conclusion.

First, very little research has been conducted with young children, and it is unclear whether the effects of religious practices and beliefs are consistent across childhood and adolescence. There are many problems inherent in studying religiosity in childhood. Cognitive changes across childhood may cause children's responses to questions about their own religious beliefs to have very different meanings from responses of adolescents and adults. Further, many of the outcomes that have been addressed in research on adolescent religiosity – sexual behavior, drug use, and delinquency – are rare among school-age children. Nonetheless, further research is warranted in order to understand the impacts of religiosity on child well-being. Longitudinal studies will be necessary to determine whether and how evolving beliefs and

participation in religious communities in childhood have long-term effects on well-being beyond childhood.

Second, most of the research on religion and well-being in childhood and adolescence suggests that the effects of religiosity on well-being are partially shaped and influenced by the effects of the interpersonal environment, such as family interaction patterns, parenting characteristics, and the social support that is provided to children and adolescents by peers and adults who are part of their religious communities. Future research needs to address the extent to which such factors account for the positive outcomes that are seen, and which factors represent the pathways by which religiosity affects outcomes.

Implications For Policy And Practice

Although religious adherents generally feel that religion is intrinsically important, available research also has implications for prevention and intervention efforts aimed at improving outcomes for children and adolescents. Most clearly, perhaps, the consistent finding that some level of ongoing involvement with a religious institution is associated with lower adolescent drug and alcohol use[32] and delays in sexual activity supports the view that religious communities can contribute to the prevention of drug and alcohol abuse and teen pregnancy.[33]

In addition, it should not be forgotten that though religion is one potential source of such positive social support, it is not necessarily the only one,[34] and that child and adolescent well-being can be promoted by the availability of both religious and nonreligious resources within communities. Nevertheless, children and adolescents who are part of religious communities are likely to have expanded networks of caring and nurturing adults and peers who know them well; who are sources of physical, social and emotional support; who provide opportunities for positive behaviors; and who facilitate resistance to negative influences.

Religious communities have a long history and experience in providing physical and emotional support to individuals and groups in need, and in exerting social controls over adherents' behavior, based on shared religious principles. This experience, coupled with the fact that most adolescents report some affiliation with a religious denomination, suggests that faith communities may be uniquely well-suited to provide youth with support and encouragement for socially positive and moral behavior. Such support and encouragement may be particularly important in neighborhoods where other sources of social support, opportunity, and control have broken down.

Child Trends, founded in 1979, is an independent, nonpartisan research center dedicated to improving the lives of children and their families by conducting research and providing science-based information to the public and decision-makers. For additional information on Child Trends, including a complete set of available *Research Briefs*, please visit our Web site at www.childtrends.org.

This brief summarizes a longer report, *Religion and Spirituality in Childhood and Adolescence* (Child Trends, 2002, January). The full report can be ordered through our Web site. Child Trends gratefully acknowledges the National Institute of Child Health and Human Development's Family and Child Well-Being Research Network for support of our research on religiosity and child well-being and the John D. and Catherine T. MacArthur Foundation for ongoing support of our *Research Brief* series. Additional support for Child Trends' communications efforts is provided by the David and Lucile Packard Foundation, the William and Flora Hewlett Foundation, and the Annie E. Casey Foundation.

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Endnotes

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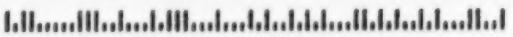

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